

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 2011 Information and Application Guidelines

**AMEDD Enlisted Commissioning Program
Guidelines
For
ARMY Enlisted Personnel**



Academic Year 2011



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1) Facts.

The **AMEDD Enlisted Commissioning Program (AECF)** provides eligible Active Duty / Reserve / National Guard Army SOLDIER's with the opportunity to complete a Bachelors of Science in Nursing (BSN) and then receive a commission in the Active Duty component of the ARMY Nurse Corps. Participants continue to receive their full enlisted pay and allowances while in the program for up to 24 consecutive months of enrollment. This program funds academic costs of up to \$9,000 per academic year. Participants are also eligible for a \$1,000 per year, reimbursable book allowance. The use of the MGI Bill is not authorized while in the AECF. Participants are also eligible for a full cost move to their school of acceptance if necessary.

Application deadline for FY 2011 is 1 February 2010. The selection board will held 11-13 May 2010. Exceptions for late applications will be considered only for deployed (OCONUS) or stationed overseas (OCONUS) soldiers.

2) Eligibility.

- a. Must be an enlisted member of any component in the ARMY with a **minimum of 3 years** active military service and **no more than 17 years** of Active service (at time of commissioning). The waiver authority for minimum Time in Service (TIS) is the ARMY Nurse Corps. Reserve and National Guard component soldiers must have less than 15 years of service and be MOS qualified at the time of application. Activated, Mobilized and IRR soldiers are not eligible to apply to this program.
- b. Active Component soldiers as part of their application must obtain a conditional release from their Branch Manager at Human Resources Command (HRC) prior to the board convening. **The soldier must provide verification in writing to the AECF Manager that Human Resources Command was contacted and that their Branch has approved the conditional release.** Note Career Management Field (CMF) 68 series soldiers are exempt from this requirement. **IMPORTANT: If the soldier receives CONUS/OCONUS PCS orders while applying to AECF then the soldier MUST CONTACT their respective MOS branch manager at Human Resources Command. The soldier may also provide Human Resources Command with the AECF Manager's e-mail address (AECF@usarec.army.mil) and phone number (502-626-0381) for HRC's verification.**
- c. You must be within no more than 9 hours of the Math and Science prerequisites remaining before boarding in May and no more than 12 hours of total pre-requisites. If accepted by the selection board for participation in AECF and you receive your Unconditional Letter of Acceptance then you must be within **24** consecutive calendar months or less (**non-waiverable**) of obtaining a nursing degree (either Bachelors of Science in Nursing (BSN) in a program that is accredited by the National

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Accrediting Commission (NLNAC) and/or the Commission on Collegiate Nursing Education (CCNE) (non-waiverable). The academic and clinical curriculum must be in English and prepare graduates for the NCLEX-RN licensure exam. All lower division pre-requisite classes (i.e. English or foreign languages, Biology, Math, Humanities, World Literature, History, etc.) must be completed prior to entry into the AECF.

All course work must be in classroom setting. Online programs are not authorized.

d. Applicants will not be considered if currently attending or scheduled to attend MOS training as a result of an approved reclassification or reenlistment contract. However, if scheduled to attend training, soldiers may request cancellation of a voluntary reclassification or waive the reenlistment contract IAW AR 601-280. **You must extend or re-enlist to have at least 60 months of time remaining on Active Duty once orders are received to start in AECF at your chosen university.** Soldiers will retain their current rank/pay grade (unless promoted while in AECF) until commissioning. Participants that are in a promotable status and their promotion sequence number or cutoff score is reached may be promoted while in the AECF. **All AR, ARNG and AGR applicants will have a grade determination done by HQ USAREC prior to MEPS processing.**

e. Applicants **must have a General Technical (GT) Score of a 110 or above** on the ASVAB. (Non-waiverable) SM must ensure that the most current score is reflected on their Enlisted Record Brief (ERB).

f. **All applicants**, regardless of degree status, must take the **Scholastic Aptitude Test (SAT)** within **five years** of the fiscal year of application (1 Feb). The **minimum score** must be **500** in **both the Critical Reading and Math areas**. The SAT may not be substituted with another college aptitude exam, i.e. GRE, MCAT, or ACT. The Scholastic Aptitude Test (SAT) – Version One -- Official scores will be sent directly to HQ, USAREC, ATTN: RGHS-AN-AECF, 1307 Third Avenue, Fort Knox, KY 40121-2726 by entering the code “3994” on the SAT test form. The SAT must be taken early enough to ensure receipt of results (NLT 1 May 10) – Allow a minimum of 8 weeks for the College Board to grade the examination – schedule the examination NLT 1 Feb 10. Army Education Centers can assist with the completion of the SAT requirement and in many cases offer the examination for free.

g. **The AECF Program Manager will initiate final Human Resources Command clearance for all selectee’s and alternates.** Human Resources Command will provide final authority for AECF selectee’s to start full time study. You must complete the mandatory service remaining requirement (SRR) for MOS training prior to attending the AECF Program. Human Resources Command Enlisted Branch Managers and Reclassification section may defer school attendance up to one year for those soldiers whose release would compromise Army readiness. You should have a minimum of 12 months time on station (TOS) before starting school. Until placed on orders the selection for participation in AECF does not preclude, prevent or prohibit personnel actions being taken by HRC i.e. deployments, PCS, etc.

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h. The AECPP applicant must be:

1. Eligible for appointment as a Regular ARMY commissioned officer under the provisions of AR 135-100 and AR 135-101.
2. Medically qualified for commissioned officer appointment IAW AR 40-501, Chapter 2 and in compliance with the height/weight requirements of AR 600-9. If required, a current "Body Fat Content Worksheet" will be included (certified true copy reviewed by the physician performing the physical).
3. **The physical exam must be a Commissioning Physical IAW (Chapter 2) of AR 40-501. This differs from a Retention Physical. (Please provide this section of the guidelines to the physician performing the Chapter 2 Physical).**
4. You **MUST** maintain medical eligibility, both before and after the board as well as during school enrollment and before commissioning. Pregnancy or other changes in physical status **MUST** be reported to the AECPP Program Manager immediately prior to receiving orders. Pregnancy or other changes in physical status during the program **MUST** be reported to the AECPP Program Manager **immediately**. Changes in physical status may require a new Commissioning Physical.
5. Any applicant that will be over the age of 32 at time of commissioning will require an age and an age-in-grade waiver. See example of MFR to request these waivers under Appendix C Tab 1.

3) School Selection / Acceptance.

- a. Prior to starting school, you must be accepted (UNCONDITIONALLY) to at least one college/university BSN program that meets all specified criteria (sections 2c and 3b. Classes may start any time during FY 2011 (1 October 2010 – 30 September 2011). This generally means that the earliest you will be able to start school will be after 1 January 2011. You must apply to at least three schools. It is recommended that you apply to more than three schools in order to increase your chances of being unconditionally accepted. If you are unable to obtain an UNCONDITIONAL letter of acceptance you may forfeit your favorable selection status. Program success and tuition cost must be key criteria for school selection and most schools will honor in-state tuition when located in the student's state of legal residence or current domicile. Depending on the state's military agreement, your current domicile **may be confused as Texas** since you will be assigned at the AMEDD Student Detachment (Ft Sam Houston, TX) with duty at your college/university of choice. You must ensure that the college/university understands that you should qualify for in-state tuition. Schools in Alaska or Puerto Rico must be pre-approved by the **Program Director for the AECPP, DHET, FT Sam Huston, TX**.

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The AECF selectee may be re-directed to attend a school other than their primary choice by the AECF Program Manager and/or AECF Program Director.

b. ARMY funding for tuition will not exceed \$9,000 per academic year (no exceptions). Additionally, you are not authorized to privately fund tuition cost above the \$9,000. The university must provide a letter of understanding to waive the cost of tuition above the \$9,000 in order for you to attend the school. The GI Bill also, is not authorized for use during AECF participation.

You are required to maintain full-time student status during each semester and during the summer with your respective school completing required courses. All classes must be in residence (No Online classes)

c. The selected school must be accredited by an agency recognized by the U.S. Secretary of Education. The two accrediting agencies are the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE).

d. Students **who are not enrolled in required classes (not filler classes) during the summer will be attached to local Military Treatment Facilities (MTF's) until the start of the new semester.** The attachment orders will be coordinated through the AECF & ANCP Program Director, Fort Sam Houston, TX. The student can research and ask if an organization will accept them however; the **Director of the AECF, ANCP Programs at Fort Sam Houston, TX will make the final decision.** If you choose to take filler classes to maintain full time status during the summer then it will be at your expense. The AECF program will not pay for classes that are not required for conferral of the nursing degree.

e. Applicants must have a **minimum** of a **2.5 GPA** overall (non-waiverable), and a minimum **2.5 GPA** (non-waiverable) in math and science (combined). **These classes tend to "vary" with each school.** The AECF Program does not govern what each school's prerequisites will be. The following courses are required at **most** nursing schools prior to enrollment into the upper division BSN program:

Math/Statistics - 6 hours

Natural Sciences - 23 hours (Anatomy and Physiology, Chemistry w/lab, Micro-Biology w/lab)

Social Sciences - 9 hours (Psychology/Sociology/Growth and Development)

English - 6 hours (must include English Comp)

Humanities - 3 hrs (Literature/Philosophy)

History - 6 hours

f. Applicants **must be within 12 Semester Hours (SH) or less** of meeting all pre-requisites required; to attend their selected school at the Junior level in order to apply for the AECF. The best candidates have 9 SH or less remaining at the time of

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application to the AECF. In order to receive orders to attend school you must have an unconditional letter of acceptance **no less than 60 days prior to the semester start date of your full-time classes** and be able to complete a BSN degree **within 24 calendar months**. If the unconditional letter is not received and you are not able to start classes in the FY for which selected, your "select" status may be forfeited and you may be released back to HRC and your Branch for immediate availability to PCS or deploy (as applicable). If a school grants conditional acceptance for anything other than completion of prerequisites then you should seek acceptance at another school.

4) STEP # 1 AECF Application Assembly:

a. All forms can be found online at the AECF web site. Alert the AECF Manager if you have difficulty opening the forms. The Program Manager will not mail out application forms.

E-mail the AECF Manager your intent to apply along with a DA form 61 complete and digitally signed using the Common Access Card (CAC) to AECF@usarec.army.mil. Do not e-mail any other documents with the DA 61.

b. **All forms will be filled out electronically (Typed on computer), digitally signed** and sent as a hard copy when the application is complete. The DA 61 must list all schools that you have attended. Transcripts should be requested at this time for each of those schools. The school may be carried over into the page 3 remarks if needed and schools listed must match those listed on the UF 1235.

c. **DA Form 61 (application for appointment)** Must complete the following Item #'s 1,2,6, 7,8,9a,9b,10,11,12,13,14,15,16,17,18,19,20 a-c,21a-e,22,23a,24,25,26,27,28,30,31 a-e,32,33, 38 and 41. Digitally sign the DA 61 using CAC and date bottom of page #3, block 42. Ensure that you pay close attention to detail IAW the example provided within this document. Ensure that you list all dates of service from other branches or if you have breaks in service from the ARMY. The entries must match your DD 214's and/or NGB 22's. The DA 61 may be downloaded from the AECF web page at www.usarec.army.mil/aecf.

See example Appendix (A)

5) Step # 2 Pre Board - Application Documents

a. Application QC Check list USAREC form 1276. This is to be placed in front of Tab #1. These forms will be found on the AECF web page at: www.usarec.army.mil/aecf.

b. **The UF 1276 Will be filled out electronically (Typed on computer), digitally signed by both the applicant and the verifying Officer O-3 and above for those applicants in the grade of E-6 or below. Senior NCO's in the grade of E-7 or above may sign for themselves as both applicant and verifier. See example Appendix (B)**

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TAB # 1

- a. **DA Form 61** See page 6 paragraph 4c of this document for instructions on how to complete this form.
- b. **PHYSICAL EXAMINATION** Applicants must submit a **COMMISSIONING PHYSICAL IAW AR 40-501, Chapter 2**; Physical must be completed using the forms DD 2807-1 and DD 2808 (include all lab results). The physical must be less than two (2) years old at the time of the board. If you have a permanent profile that requires a waiver it needs to be submitted early in the process to allow time for approval/disapproval. Another physical examination **may** be required while attending school, and/or upon graduation if there are any changes in physical status (to include pregnancy). Changes in physical status must be immediately reported to the AECF Program Manager immediately.
 1. If you are found during your physical to be disqualified, type up a Memorandum for Record (MFR) that states clearly what your condition is and whether or not it impairs your performance in your current job and whether or not it would impair your ability to function as a Nurse and that you are requesting a waiver to the disqualifying condition. Include all supporting consultation, physicians' recommendation and labs.
- c. Also, include any MFR's under Tab 1 as required for requesting waivers for Law violation (See item #26 of the DA Form 61 Yes answers), Age, Age-In-Grade and Time in Service.

See examples Appendix (C) Tab #1

Tab #2

a. **LETTER OF PURPOSE AND INTENT** - This brief but important letter is your only opportunity to directly address the members of the selection board. The letter permits you to provide information not contained elsewhere in the application, to clarify or amplify application documents, and to explain your particular qualifications for AECF. The letter should be no more than one page in length, typed single spaced, and should address the following:

1. Name, SSN, and request to be selected into the AMEDD Enlisted Commissioning Program (AECF).
2. A brief statement expressing why you should be considered and an explanation of why you want to be an ARMY Nurse.
3. Pick three of the "ARMY Values" that are important to you, why they are important to you, and how you excel in them.
4. Closing paragraph.
5. List the colleges you wish to attend in order of preference (Minimum of 3) and briefly explain why you chose each college.
6. **List all prerequisite courses remaining** and when you plan to complete these Pre-requisites (be precise).
7. Any other pertinent information that the board should know.
8. Write your letter using active voice.
9. Have your letter reviewed by at least 3 other people.

Tab # 3

- a. **USAREC Form 195 (UF 195)** will be used in place of a handwritten or typed Letter of Recommendation. Two (USAREC 195's) are required at a minimum for Soldier's in non-AMEDD organizations but no more than 5 will be accepted. Each (USAREC 195) must address your duty performance, competency, oral and written communication skills, motivation, character, maturity, potential for successful completion of training, and your potential as an officer and leader. Any scores of 5 or lower must be addressed in the Additional Remarks/Comments USAREC195 by the person completing it.
- b. **The best (USAREC 195) evaluates the soldier during the preceding 12 months. It is highly recommended that the (USAREC 195) be the last action done before the packet is sent to the AECF Program Manager.**
- c. UF 195 is **required** from the following individuals:
 1. **Company Commander.**
 2. **Immediate Supervisor.**
 3. **Chief Nurse** "or a person designated by the Chief Nurse" (required for all 68 series assigned to an AMEDD organization and "**highly encouraged**" for all other MOS's).
 4. Others "no more than two (2)".
 5. All UF 195's should be filled out electronically (Typed on computer) and digitally signed.
 6. You should provide each (USAREC 195) author with a copy of your application to assist in writing an objective recommendation.

See example Appendix (C) Tab #3

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Tab #4

a. ONE COMPLETE SET of OFFICIAL TRANSCRIPTS: You must provide “Official Transcripts” for ALL undergraduate and graduate courses for inclusion in the application. Ensure name changes are noted on the DA 61 if transcripts are in former names. Transcripts stamped “**Issued to Student**” must be in a sealed envelope from the school. Transcripts in languages other than English must be translated prior to submission. **A transcript showing grades for courses in progress at the time of application should be forwarded for inclusion in the application packet.** It is your responsibility to ensure that official transcripts are stamped as official and are submitted with your application in sealed envelopes unopened and placed under tab #4.

(Transcript should ONLY be sent forward separately of packet by deployed or OCONUS stationed soldiers. All others will be sent up with the completed packet.)

b. AMEDD Academic Worksheet UF 1235

1. Fill out completely and electronically (typed on computer).
2. List all schools ever attended. Must match with information listed on the DA 61 section 21c.
3. List all grades to include any “F”, “U” grades or “WF” grades..
4. Do not list ACE, AARTS recommendations or Military Training as classes on the UF1235. Unless, your college has specifically awarded you credit for these on a transcript.
5. Calculate each section separately and place that calculation in the total block at the bottom of each section using the GPA calculator at: <http://pages.cs.wisc.edu/~xiyang/gpacalc.html>
6. Calculate your overall GPA, using the same GPA Calculator including all grades.
7. Calculate your Math and Science combined GPA, using only classes from Parts B, C and E of the UF 1235.

c. Copy of SAT scores. Results must not be more than 5 years old from date of board. Applicants are required to have a score of 500 or better in both the Math and Critical Reading (verbal) sections. This is required regardless of previous degree status. The SAT may not be substituted with another college aptitude exam, i.e. GRE, MCAT, or ACT. **Allow a minimum of 8 weeks for the College Board to grade the examination – schedule the examination NLT 1 March 2010.**

See example Appendix (C) Tab #4

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Tab # 5

a. AKO RECORDS

1. Applicants in the rank of **SGT or above** must submit copies of their last **three** evaluation reports (NCOER's).
2. A copy of **all** DA 1059's (Service School Evaluation Report) that you have received.
3. A copy of your **last 3 awards** (Submit only the award certificates not the DA 638's unless the award was downgraded from a higher award).
4. Include **all** prior service records i.e. DD 214 and/or NGB 22 from all branches of service (**if applicable**) or if you had a break in service from the ARMY.
5. You may also include any other pertinent certifications i.e. EFMB, Combat Life Saver Course Certificate, BCLS, ACLS, etc.

See example Appendix (C) Tab #5

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Tab # 6

a. Enlisted Review Brief (ERB) or (2-1 /2A) PERSONNEL QUALIFICATION RECORD

The soldier **MUST REVIEW** the ERB for accuracy. **Look closely at awards, decorations, and dependent/marital status, education level, etc. especially if in a dual military status.** The Military Personnel Office (MILPO) must certify it as a true copy. Applicant **must also, sign this copy to verify its correctness.** Ensure that an updated DA photo is on the ERB for E-6's and above. **USAR/ARNG soldiers** will need to submit their 2A/2-1 if the ERB is not available.

b. DA Photo All soldiers regardless of rank will obtain a hard copy of their DA photo and affix it to a blank sheet of paper. Deployed soldiers, in areas where no DA Photo facilities exist may, take a ¾ length photo in ACU's in place of the Dress Green uniform. Deployed soldiers utilizing this option must not wear headgear, body armor, LBV, rucksacks, weapons, etc. in their photo. Ensure that all authorized skill tabs or badges are also worn on the ACU's i.e. EFMB, Airborne, Air Assault, Recruiter/Drill Badge, etc.

c. Curriculum Vitae (Resume) Must be typed and list all applicable data prior to joining the ARMY as well as while serving to include any prior service.

d. APFT Card DA 705 Have passed the standard Army physical fitness test during the FY of application. A record APFT signed and verified by the CDR or 1SG with a date no earlier than 1 OCT 09 must be submitted with the application. All items must be completed to include Height, Weight and Body Fat if applicable. If Body Fat is shown then must also provide either DA 5500 or DA 5501 as appropriate.

See example Appendix (C) Tab #6

Tab # 7

a. **DA FORM 4187 PERSONNEL ACTION** Enter "AMEDD Enlisted Commissioning Program" in section III, item #8 under "other". The applicants "**YOUR**" **Battalion Commander** must sign this form with a signature date **within 6 months** of application deadline. "To" block will have the following: CDR, HQ, USAREC, 1307 Third Ave, Fort Knox, KY 40121. The "Remarks" section must contain the following information:

1. Applicants "**YOUR**" current Height and Weight IAW AR 600-9.
Include "Body Fat Content Worksheet" results, if applicable.
2. Applicants "**YOUR**" APFT results (pass or fail) and date within the preceding 6 months.
3. Previous participation in **ANY** commissioning program (ROTC, OCS, IPAP, etc) and reason for inability to complete the program.
4. DA 4187 will be filled out electronically (Typed on computer) and digitally signed by both the applicant and the Battalion Commander.

b. **DD form 368 REQUEST FOR CONDITIONAL RELEASE (Reserve component soldier's only. Does not apply to AGR Soldiers)**

To be filled out by AR / NG soldiers, and signed by appropriate authorities for approval in the AECF. Should be submitted 120 prior day's before Applicant "**YOU**" are supposed to start school.

AR Soldiers will submit a DD 368 through their chain of command both to board and again after the board if selected once they have received their unconditional letter of acceptance requesting Conditional Release to transfer to the Active Component. The DD 368 must be signed IAW the current OCAR Memorandum dated: 24 July 2008 Subject: ARMY Reserve Conditional Release Policy. This message provides instruction on how to process a conditional release for AR applicants to obtain a required discharge order from their current unit. All AR soldiers require a DD Form 368 signed or endorsed by their Battalion Commander in order for their application to be reviewed by the board.

- A. Once boarded, USAR soldiers must have a DD Form 368 signed IAW current OCAR policy dated 24 July 2008 which states that for Soldiers with more than 24 months in the Selected Reserves approval/disapproval authority rests with the Major Subordinate Command (MSC) who may delegate it to the first General Officer in the Soldiers chain of command. For Soldiers with less than 24 months in the selected Reserves the approval authority rests with HQ, USARC. **Note** this only applies to USAR Soldiers. All AR, ARNG and AGR soldiers will be brought back onto Active Duty status via MEPS processing. All AR, ARNG and AGR applicants will have a grade determination done by HQ, US ARMY Recruiting Command (USAREC) prior to MEPS processing. **See example Appendix (C) Tab # 7**

Tab # 8

a. SECURITY CLEARANCE If, you currently hold a Secret level security clearance, a letter from your G-2 security officer should be sent with your application for validation. It is your responsibility to have your Secret clearance initiated by your G-2 if you do not currently hold a Secret level clearance. You must submit a memo along with your AECF application stating the date this action was initiated along with a copy of the EPSQ or the validation report that it was accepted for submission. **If it is determined that a Secret clearance cannot be obtained from the Investigation Service after acceptance to and participation in the AECF, the soldier will be removed from the program and reassigned based on the needs of the Army. The soldier will then be required to serve the incurred Active Duty Service Obligation (ADSO) under his/her enlisted status and MOS based on the amount of time spent in AECF.**

b. MILPO ELIGIBILITY STATEMENT This statement, signed by a MILPO official (OIC or NCOIC E-6 or above), verifies the applicant's eligibility to apply for participation in the AECF. It will be used to ensure that the soldier does not have any pending UCMJ action, bars to reenlistment, flagged records, etc. Commanders may verify the information that the MILPO cannot. It is the responsibility of the SOLDIER to ensure that this is sent to the AECF Manager. This statement will verify that:

1. A local records check has been made and the above named applicant is administratively qualified for appointment as a Commissioned Officer in accordance with AR 135-100 and AR 135-101.
2. The above named applicant does not have any pending or current UCMJ actions, bars to Re-enlistment or flagging actions.
3. There is evidence of a security clearance of secret, based on a National Agency Check, which includes the date the clearance was granted or initiated.
4. The applicant is not on PCS orders or pending reassignment.
5. The applicant who holds MOS 68WM6 is currently licensed to practice as an LPN / LVN. (**Attach certified true copy of state license**)
6. This application is not in contravention of AR 600-8-2.

c. COPY OF LAST PCS ORDERS

See example Appendix (C) Tab # 8

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Send the completed application to:

Commander, HQ USAREC
ATTN: RGHS-AN-AECF
1307 Third Avenue
Fort Knox, KY 40121-2726

- ❖ Place documents behind appropriate colored tabs numbered 1-8 as shown in example packet.
- ❖ Place application in a manila envelope for mailing. **DO NOT USE** document protectors or binders.
- ❖ **DO NOT send incomplete packet, have all documents complete based on the application guidelines.** *(The only exception will be the DA 61 and letter of AECF processing initiation.)*
Packets will be returned without action (RWOA) if incomplete or Current FY Guidelines were not used. Unless previous coordination with AECF Manager has been made.
- ❖ If there are any errors you will be notified 1 time via e-mail with a list of required corrections and a suspense date to complete the corrections.
- ❖ Each soldier submitting an application will receive an acknowledgment of receipt, and a request to furnish any additional documents or corrections if necessary. **Notifications will be sent to AKO e-mail's only.** "And may take up to a month due to the high load of packets arriving during that time"
- ❖ **DO NOT** contact the AECF manager once the board convenes to inquire about results.
- ❖ An **Official MILPER Message** will be generated to announce the board results. The message will be published only after **Human Resource Command (HRC)** has officially released the selectee's and alternates for participation in the program. This process can take up to 90 days. All applicants are encouraged to maintain their eligibility status throughout this period and actively work to obtain an unconditional letter of acceptance.
- ❖ Applicants will incur an ADSO of 4 years for the first 24 months or portion thereof. SOLDIER's may be required to reimburse the United States government for cost of advanced education for taking part in a fully funded long term civilian training program if they fail to complete the appropriate ADSO as set forth in AR 351-3. The reimbursement amount will be determined under the following formula:

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Amount to be reimbursed = $\frac{\text{Cost of advanced education} \times \text{unserved portion of ADSO}}{\text{Total fully funded long-term civilian training program ADO}}$

- ❖ Appointment as a Regular ARMY officer in the Army Nurse Corps incurs a 4-year ADSO. Once you have completed the AMEDD Officer Basic Leader's Course and arrive at your permanent duty station, send a request through your local military personnel office to merge your enlisted records with your commissioned record.

Applicable References:

AR 40-501 – Standards of Medical Fitness
AR 135-100 – Appointment of Commissioned and Warrant Officers of the ARMY
AR 600-9 – The ARMY Weight Control Program
AR 351-3 – Professional Education and Training Programs of the ARMY Medical Department
AR 600-8-2 – Suspension of Favorable Personnel Actions (FLAGS)
AR 621-1 – Training of Military Personnel at Civilian Institutions
UR 601-37 – ARMY Medical Recruiting Program

You can find these publications at: <http://www.usapa.army.mil/>

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Contact Information:

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SFC, USA

AECF Program Manager

502-626-0381

DSN 573-0381

Cell 800-640-9742

Fax 502-626-0952

AECF@usarec.army.mil

HQ USAREC,

ATTN:RGHS-AN-AECF

1307 3RD AVE

FORT KNOX, KY 40121-2726

To learn more about the AMEDD Enlisted Commissioning Program log on to www.usarec.army.mil/aecp.

National League for Nursing Accrediting Commission (NLNAC)

<http://www.nlnac.org/home.htm>

The Commission on Collegiate Nursing Education (CCNE)

<http://www.aacn.nche.edu/accreditation/>

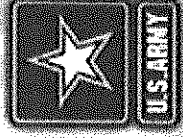
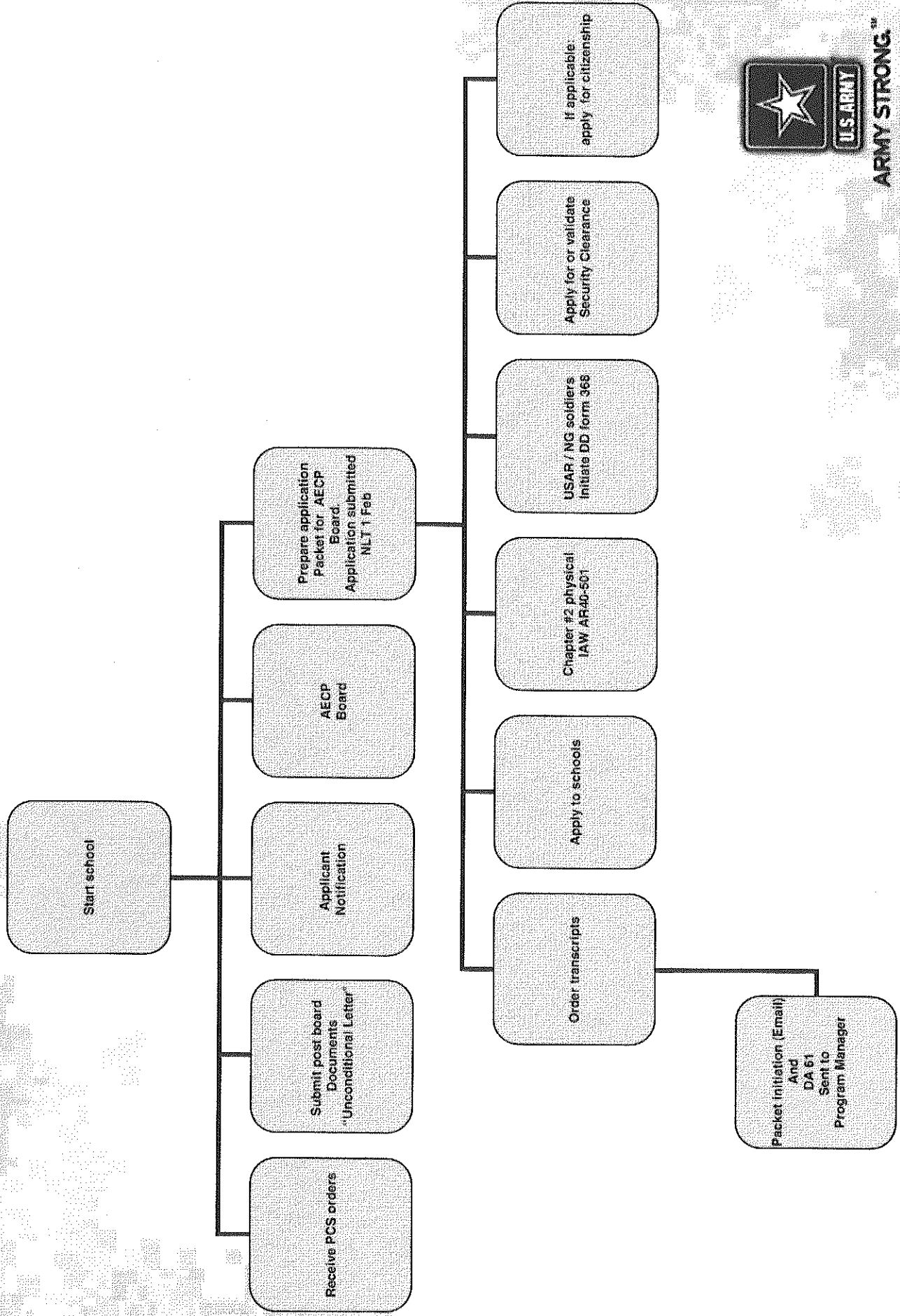
SAT

<http://www.collegeboard.com/student/testing/sat/about.html>

ARMY Nurse Corps

<http://armynursecorps.amedd.army.mil/>

AECPP PACKET TIME LINE



ARMY STRONG.™

RGHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix A

DA Form 61 (Example)

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED <input checked="" type="checkbox"/> COMMISSIONED OFFICER - REGULAR ARMY <input type="checkbox"/> COMMISSIONED OFFICER - ARMY RESERVE <input type="checkbox"/> WARRANT OFFICER - REGULAR ARMY <input type="checkbox"/> WARRANT OFFICER - ARMY RESERVE <input type="checkbox"/> OFFICER CANDIDATE SCHOOL			2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 601-20 / AR 135-100 / AR 135-101 3. GRADE FOR WHICH APPLYING (Reserve appointments only) 4. SOURCE OF APPLICATION (ROTC only) <input type="checkbox"/> DMG <input type="checkbox"/> DATE DESIGNATED: <input type="checkbox"/> SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:																		
6. BRANCH AND SPECIALTY PREFERENCES Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.			5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title) <table style="width:100%;"> <tr> <td style="width:50%;">a. MOS CODE</td> <td style="width:50%;">b. MOS TITLE</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							a. MOS CODE	b. MOS TITLE										
a. MOS CODE	b. MOS TITLE																				
PERSONAL DATA																					
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41) "Applicants full Name" Including Middle name				8. GRADE E-?	9a. SOCIAL SECURITY NUMBER 111-22-3333													
			10. BRANCH (MOS if enl or wo) 68W				11. TOTAL YRS ACTIVE SERVICE 3	12. MARITAL STATUS S,M,D	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 2												
			14. DATE OF BIRTH 01 Jan 70				15. PLACE OF BIRTH (City, county, state) Santa Barbra, Santa Barbara, CA Must include County		16. SEX M												
			17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) Applicants Unit address & Phone #				PHONE AND/OR AUTOVON NUMBER 502-626-0381														
			18. PERMANENT ADDRESS (Include ZIP Code) 1234 Darnall Str. "Applicants Home of Record" Sant Barbra CA 95434				19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) "Applicants current address and phone #"														
			PHONE (Include area code) Phone #				PHONE (Include area code) Current Phone number														
			20. US CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				a. NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. NATURALIZATION <input type="checkbox"/> DERIVED <input type="checkbox"/> IMMIGRANT	c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court) "If applicable"												
			21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)																		
			a. HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				b. NAME AND LOCATION OF HIGH SCHOOL Santa Barbra High School														
			c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMAA)				(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE		(5) MAJOR SUBJECT									
Santa Barbra Community College					22	1	DAY	MONTH	YEAR	General studies											
Troy University					39	2				Pre-Nursing											
"If you need to add more schools use Block 41"																					
d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.				e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41(Remarks))																	
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED																					
a. NAME OF SCHOOL		b. COURSE		c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON													
George Patton NCO academy		WLC		FROM	TO	YES	NO														
				03 06	04 06	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY							b. ALAT SCORE (If applicable)														

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
Only if current LPN or RN					
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO				
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>					
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE <i>(Month, Year)</i>		
			FROM	TO	
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i>					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION <i>(Basic)</i>		COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Hanger)</i>		COMPLETION DATE <i>(Month, Year)</i>
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER			b. JOB TITLE		c. MONTH AND YEAR
AR and ARNG applicants only					FROM TO
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>					
41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)</i>					
1) If you answered yes on question #26 please follow directions and provide court documents for all offense's.					
2) You must use digital signature with this form					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			DATE	SIGNATURE OF APPLICANT	
			20090328	Your signature	

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix B

UF 1276 Pre-Board Application Checklist

PRE-BOARD APPLICATION CHECKLIST

(For use of this form see USAREC Reg 601-37)

NAME: _____ RANK: _____ SSN: _____ MOS: _____
(Last, first, MI)
AGE: _____ SEX: _____ E-MAIL ADDRESS: _____
WORK TELEPHONE: _____ HOME TELEPHONE: _____

TAB 1. Record of Medical Examination, Health History, and Waivers

_____ Commissioning physical examination (DD Form 2807-1 and DD Form 2808), AR 40-501, chapter 2
_____ Request for waiver worksheet
_____ Affidavits (if applicable)
_____ Other supporting documentation

TAB 2. Letter of Purpose and Intent

_____ Letter of purpose and intent
_____ To include school choices (in order of preference)
_____ Breakdown on how you will complete prerequisite courses (where and when will they be completed)

TAB 3. Professional Evaluations and Recommendations

_____ USAREC Forms 195 or letters of recommendation
_____ Applicant's commander
_____ Applicant's immediate supervisor
_____ Chief nurse (68 Series MOS)
_____ Others not to exceed two

TAB 4. Education Documents

_____ One set of official transcripts from all schools attended
_____ Academic worksheet (USAREC Form 1235 with calculations)

TAB 5. Personnel Service Records

_____ AKO documents
_____ Sergeants and above, last three NCOERs
_____ Last three DA Forms 1059 from all schools
_____ Any professional certifications or licensures

TAB 6. Enlisted Records Brief

_____ Certified copy of Enlisted Records Brief (ERB) (S-1 can certify)

TAB 7. Statements of Vacancy and Understanding

_____ DA Form 4187 (signed by battalion commander)
_____ DD Form 368 (for all AGR, USAR, and NG Soldiers)

TAB 8. Verification of Eligibility

_____ Verification of security clearance
_____ MILPO eligibility statement
_____ Copy of last PCS orders

Completed By:
Signature _____

Verified By:
Signature _____

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C

Tab 1

DA 61, Physical Exam and waiver requests

REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons.)		OMB No. 0704-0413 OMB approval expires Mar 31, 2010
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.		
PRIVACY ACT STATEMENT		
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN). PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.		
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER
3. TODAY'S DATE (YYYYMMDD)		
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)
b. HOME TELEPHONE (Include Area Code)		
X ALL APPLICABLE BOXES:		7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	6.b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	6.c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)		9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		12. (Continued)
10.a. Tuberculosis YES NO <input type="radio"/> YES <input type="radio"/> NO b. Lived with someone who had tuberculosis YES NO <input type="radio"/> YES <input type="radio"/> NO c. Coughed up blood YES NO <input type="radio"/> YES <input type="radio"/> NO d. Asthma or any breathing problems related to exercise, weather, pollens, etc. YES NO <input type="radio"/> YES <input type="radio"/> NO e. Shortness of breath YES NO <input type="radio"/> YES <input type="radio"/> NO f. Bronchitis YES NO <input type="radio"/> YES <input type="radio"/> NO g. Wheezing or problems with wheezing YES NO <input type="radio"/> YES <input type="radio"/> NO h. Been prescribed or used an inhaler YES NO <input type="radio"/> YES <input type="radio"/> NO i. A chronic cough or cough at night YES NO <input type="radio"/> YES <input type="radio"/> NO j. Sinusitis YES NO <input type="radio"/> YES <input type="radio"/> NO k. Hay fever YES NO <input type="radio"/> YES <input type="radio"/> NO l. Chronic or frequent colds YES NO <input type="radio"/> YES <input type="radio"/> NO	11.a. Severe tooth or gum trouble YES NO <input type="radio"/> YES <input type="radio"/> NO b. Thyroid trouble or goiter YES NO <input type="radio"/> YES <input type="radio"/> NO c. Eye disorder or trouble YES NO <input type="radio"/> YES <input type="radio"/> NO d. Ear, nose, or throat trouble YES NO <input type="radio"/> YES <input type="radio"/> NO e. Loss of vision in either eye YES NO <input type="radio"/> YES <input type="radio"/> NO f. Worn contact lenses or glasses YES NO <input type="radio"/> YES <input type="radio"/> NO g. A hearing loss or wear a hearing aid YES NO <input type="radio"/> YES <input type="radio"/> NO h. Surgery to correct vision (RK, PRK, LASIK, etc.) YES NO <input type="radio"/> YES <input type="radio"/> NO 12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) YES NO <input type="radio"/> YES <input type="radio"/> NO b. Arthritis, rheumatism, or bursitis YES NO <input type="radio"/> YES <input type="radio"/> NO c. Recurrent back pain or any back problem YES NO <input type="radio"/> YES <input type="radio"/> NO d. Numbness or tingling YES NO <input type="radio"/> YES <input type="radio"/> NO e. Loss of finger or toe YES NO <input type="radio"/> YES <input type="radio"/> NO	f. Foot trouble (e.g., pain, corns, bunions, etc.) YES NO <input type="radio"/> YES <input type="radio"/> NO g. Impaired use of arms, legs, hands, or feet YES NO <input type="radio"/> YES <input type="radio"/> NO h. Swollen or painful joint(s) YES NO <input type="radio"/> YES <input type="radio"/> NO i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.) YES NO <input type="radio"/> YES <input type="radio"/> NO j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint YES NO <input type="radio"/> YES <input type="radio"/> NO k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc. YES NO <input type="radio"/> YES <input type="radio"/> NO l. Bone, joint, or other deformity YES NO <input type="radio"/> YES <input type="radio"/> NO m. Plate(s), screw(s), rod(s) or pin(s) in any bone YES NO <input type="radio"/> YES <input type="radio"/> NO n. Broken bone(s) (cracked or fractured) YES NO <input type="radio"/> YES <input type="radio"/> NO 13.a. Frequent indigestion or heartburn YES NO <input type="radio"/> YES <input type="radio"/> NO b. Stomach, liver, intestinal trouble, or ulcer YES NO <input type="radio"/> YES <input type="radio"/> NO c. Gall bladder trouble or gallstones YES NO <input type="radio"/> YES <input type="radio"/> NO d. Jaundice or hepatitis (liver disease) YES NO <input type="radio"/> YES <input type="radio"/> NO e. Rupture/hernia YES NO <input type="radio"/> YES <input type="radio"/> NO f. Rectal disease, hemorrhoids or blood from the rectum YES NO <input type="radio"/> YES <input type="radio"/> NO g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) YES NO <input type="radio"/> YES <input type="radio"/> NO h. Frequent or painful urination YES NO <input type="radio"/> YES <input type="radio"/> NO i. High or low blood sugar YES NO <input type="radio"/> YES <input type="radio"/> NO j. Kidney stone or blood in urine YES NO <input type="radio"/> YES <input type="radio"/> NO k. Sugar or protein in urine YES NO <input type="radio"/> YES <input type="radio"/> NO l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) YES NO <input type="radio"/> YES <input type="radio"/> NO 14.a. Adverse reaction to serum, food, insect stings or medicine YES NO <input type="radio"/> YES <input type="radio"/> NO b. Recent unexplained gain or loss of weight YES NO <input type="radio"/> YES <input type="radio"/> NO c. Currently in good health (If no, explain in Item 29 on Page 2.) YES NO <input type="radio"/> YES <input type="radio"/> NO d. Tumor, growth, cyst, or cancer YES NO <input type="radio"/> YES <input type="radio"/> NO

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO
<p>15.a. Dizziness or fainting spells <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Frequent or severe headache <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. A head injury, memory loss or amnesia <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Paralysis <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Seizures, convulsions, epilepsy or fits <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. Car, train, sea, or air sickness <input type="radio"/> YES <input type="radio"/> NO</p> <p>g. A period of unconsciousness or concussion <input type="radio"/> YES <input type="radio"/> NO</p> <p>h. Meningitis, encephalitis, or other neurological problems <input type="radio"/> YES <input type="radio"/> NO</p> <p>16.a. Rheumatic fever <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Prolonged bleeding (as after an injury or tooth extraction, etc.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Pain or pressure in the chest <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Palpitation, pounding heart or abnormal heartbeat <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Heart trouble or murmur <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. High or low blood pressure <input type="radio"/> YES <input type="radio"/> NO</p> <p>17.a. Nervous trouble of any sort (anxiety or panic attacks) <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Habitual stammering or stuttering <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Loss of memory or amnesia, or neurological symptoms <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Frequent trouble sleeping <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Received counseling of any type <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. Depression or excessive worry <input type="radio"/> YES <input type="radio"/> NO</p> <p>g. Been evaluated or treated for a mental condition <input type="radio"/> YES <input type="radio"/> NO</p> <p>h. Attempted suicide <input type="radio"/> YES <input type="radio"/> NO</p> <p>i. Used illegal drugs or abused prescription drugs <input type="radio"/> YES <input type="radio"/> NO</p> <p>18. FEMALES ONLY. Have you ever had or do you now have:</p> <p>a. Treatment for a gynecological (female) disorder <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. A change of menstrual pattern <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Any abnormal PAP smears <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. First day of last menstrual period (YYYYMMDD) <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Date of last PAP smear (YYYYMMDD) <input type="radio"/> YES <input type="radio"/> NO</p>	<p>19. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>a. Sensitivity to chemicals, dust, sunlight, etc. <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Inability to perform certain motions <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Inability to stand, sit, kneel, lie down, etc. <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Other medical reasons (If yes, give reasons.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>20. Have you ever been treated in an Emergency Room? (If yes, for what?) <input type="radio"/> YES <input type="radio"/> NO</p> <p>21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>28. Have you ever been denied life insurance? <input type="radio"/> YES <input type="radio"/> NO</p>		
29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
PRIVACY ACT STATEMENT							
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>							
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE		
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS	
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Nor- mal	Ab- norm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp							
18. Nose							
19. Sinuses							
20. Mouth and throat							
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)							
22. Drums (Perforation)							
23. Eyes - General (Visual acuity and refraction under items 61 - 63)							
24. Ophthalmoscopic							
25. Pupils (Equality and reaction)							
26. Ocular motility (Associated parallel movements, nystagmus)							
27. Heart (Thrust, size, rhythm, sounds)							
28. Lungs and chest (Include breasts)							
29. Vascular system (Varicosities, etc.)							
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)							
31. Abdomen and viscera (Include hernia)							
32. External genitalia (Genitourinary)							
33. Upper extremities							
34. Lower extremities (Except feet)							
35. Feet (See Item 35 Continued)							
36. Spine, other musculoskeletal							
37. Identifying body marks, scars, tattoos							
38. Skin, lymphatics							
39. Neurologic							
40. Psychiatric (Specify any personality deviation)							
41. Pelvic (Females only)							
42. Endocrine							
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____				35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)												SOCIAL SECURITY NUMBER							
LABORATORY FINDINGS																			
45. URINALYSIS				a. Albumin				46. URINE HCG				47. H/H				48. BLOOD TYPE			
				b. Sugar															
TESTS				RESULTS								HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL			
49. HIV																			
50. DRUGS																			
51. ALCOHOL																			
52. OTHER																			
a. PAP SMEAR																			
b.																			
c.																			
MEASUREMENTS AND OTHER FINDINGS																			
53. HEIGHT		54. WEIGHT lbs.		55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE				57. PULSE			
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)				60. OTHER VISION TEST							
a. 1ST		b. 2ND		c. 3RD															
SYS.		SYS.		SYS.															
DIAS.		DIAS.		DIAS.															
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION							
Right 20/		Corr. to 20/		By		S.		CX		Right 20/		Corr. to 20/		by					
Left 20/		Corr. to 20/		By		S.		CX		Left 20/		Corr. to 20/		by					
64. HETEROPHORIA (Specify distance)																			
ES °		EX °		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD					
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT											
Right		Left		PIP				/14				Uncorrected				Corrected			
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION											
								O.D.				O.S.							
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number		72a. READING ALOUD TEST									
Date Calibrated (YYYYMMDD)								Date Calibrated (YYYYMMDD)											
HZ	500	1000	2000	3000	4000	6000	HZ	500	1000	2000	3000	4000	6000	SAT	UNSAT				
Right							Right												
Left							Left							SAT	UNSAT				
72b. VALSALVA																			
SAT UNSAT																			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																			



DEPARTMENT OF THE ARMY
YOUR UNIT INFO

DDMMYYYY

MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECF) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 40-501 and the AMEDD Enlisted Commissioning Program Guidelines, I request a waiver for (type of Medical Condition). Explain the details of the injury, disorder or condition. Please consider this waiver so that I may be considered to attend the AMEDD Enlisted Commissioning Program.
- 2.
3. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil

John Q. Public
SSG, USA
Medical Supply Technician

"ARMY STRONG"



DEPARTMENT OF THE ARMY
YOUR UNIT INFO

DDMMYY

MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECF) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 135-100, AR 135-101 and the AMEDD Enlisted Commissioning Program Guidelines, I request a waiver for (conviction). Explain in detail the incident, when, who, where, etc. Also, name and location of police agency involved, court name and location. State amount of fine, probation and/or confinement). Please consider this waiver so that I may be considered to attend the AMEDD Enlisted Commissioning Program.
2. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil

John Q. Public
SSG, USA
Medical Supply Technician

*Note you will also need to provide all court and police records related to the incident(s). If the records are not available then you will need to do a sworn notarized statement stating as such.

"ARMY STRONG"



DEPARTMENT OF THE ARMY
YOUR UNIT INFO

DDMMYYYY

MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECP) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 135-100, AR 135-101 and the AMEDD Enlisted Commissioning Program Guidelines, I request a waiver for Age in Grade. I will be (age) at time of (insert AECP board date to which applying). Please consider this waiver so that I may be considered to attend the AMEDD Enlisted Commissioning Program. My Basic Active Service Date (BASD) is (date).
2. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil

John Q. Public
SSG, USA
Medical Supply Technician

"ARMY STRONG"



DEPARTMENT OF THE ARMY
YOUR UNIT INFO

DDMMYYYY

MEMORANDUM FOR Commander, USAREC 1307 Third Ave, Fort Knox, KY 40121-2726

SUBJECT: AMEDD Enlisted Commissioning Program (AECP) request for waiver for SSG Public, John Q., 123-45-6789.

1. In accordance with AR 135-100, AR 135-101 and the AMEDD Enlisted Commissioning Program Guidelines, I request a waiver for Time in Service. I will have ___ years of Active Federal Service effective (date). Please consider this waiver so that I may be considered to attend the AMEDD Enlisted Commissioning Program. My Basic Active Service Date (BASD) is (date).
2. I can be reached at the following address: 1010 Meadow Road, Anywhereville, ND 45678, DSN 123-4567, commercial 123-456-7890, or email at john.q.public@us.army.mil

John Q. Public
SSG, USA
Medical Supply Technician

"ARMY STRONG"

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C
Tab 2
Letter of Intent

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C
Tab 3
UF 195's

APPLICANT EVALUATION WORKSHEET

(For use of this form see USAREC Reg 601-37)

NAME OF APPLICANT: _____ SSN: _____

The above named individual is applying for a position in the Army Medical Department, and has given us your name as a reference. Please complete this reference form and return in the envelope provided.

1. What is this applicant's current specialty? _____

2. Date began employment in this specialty (mmyy)? _____

3. Is this applicant (check one) ☐ private practice/self-employed ☐ employed full-time
☐ part-time or ☐ stipend employee? If part-time or stipend, please provide the average
hours worked per week: _____

4. a. If the applicant is a nurse, describe the size/type of health care facility:

b. Describe the applicant's current work environment. If a student/resident describe course and clinical setting:

5. Select only one:

(mmyy)

(mmyy)

☐ I evaluate/have evaluated this applicant.

From _____ To: _____

☐ I am/have been a peer/coworker of this applicant.

From _____ To: _____

☐ I am/have been an instructor/preceptor for this applicant.

From _____ To: _____

☐ I know/have known this applicant. Specify in what capacity you have known
this applicant: _____

From _____ To: _____

6. Would the applicant make a good Army Officer? Overall impression of the applicant:

7. Would you hire/rehire/work with this applicant? ☐ Yes ☐ No If no, please explain:

8. The attributes listed below are important for Army Medical Department Officers. Compare this applicant with others who work in the same capacity, and have the same experience level (student/residents). Rate each attribute on a scale of 1 to 7, with 1 being the lowest and 7 being the highest. If the attribute cannot be evaluated or does not apply, circle NA.

ATTRIBUTE	SCORE								REMARKS
	Lowest				Highest				
Adaptability/Resourcefulness	1	2	3	4	5	6	7	NA	
Clinical Judgment	1	2	3	4	5	6	7	NA	
Clinical Knowledge	1	2	3	4	5	6	7	NA	
Clinical Skills	1	2	3	4	5	6	7	NA	
Honesty/Integrity	1	2	3	4	5	6	7	NA	
Initiative	1	2	3	4	5	6	7	NA	
Interaction with Coworkers	1	2	3	4	5	6	7	NA	
Leadership Ability/Potential	1	2	3	4	5	6	7	NA	
Managerial Ability/Potential	1	2	3	4	5	6	7	NA	
Manner in Accepting Criticism	1	2	3	4	5	6	7	NA	
Professional Appearance	1	2	3	4	5	6	7	NA	
Professional Demeanor	1	2	3	4	5	6	7	NA	
Reliability	1	2	3	4	5	6	7	NA	
Stability Under Pressure	1	2	3	4	5	6	7	NA	
Stamina (Mental and Physical)	1	2	3	4	5	6	7	NA	
Tact	1	2	3	4	5	6	7	NA	
Analytical Skills	1	2	3	4	5	6	7	NA	
Conceptual Skills	1	2	3	4	5	6	7	NA	
Communication Skills	1	2	3	4	5	6	7	NA	
Maturity	1	2	3	4	5	6	7	NA	
Assumes Responsibility	1	2	3	4	5	6	7	NA	
Judgment	1	2	3	4	5	6	7	NA	

9. For Dietetic Internship Students use (ADA) American Dietetic Association Recommendation Form.

10. Additional Comments/Remarks:

Name (Print): _____ Telephone Number: _____
 Signature: _____ Date: _____
 Position/Title/Specialty: _____
 Business Address: _____

The Army Medical Department appreciates your time and effort in providing an honest appraisal of this individual.

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C
Tab 4
Transcripts, UF 1235 and SAT scores

AMEDD ACADEMIC PROGRAM WORKSHEET

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3013; 10 USC 4301; Executive Order 9397.

PRINCIPAL PURPOSE: Required to document the educational requirements of the AMEDD Academic Program.

ROUTINE USES: Used by selection board in considering applicants on a competitive basis and selecting those considered best qualified. SSN required for identification for record purposes and for contact purposes.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of personal information is voluntary. However, failure to provide the requested information may result in nonconsideration.

1. NAME (Last, first, MI)	2. SSN	3. MOS or AOC
4. OTHER NAMES LISTED ON TRANSCRIPTS		5. DATE COMPLETED

SECTION I - List all colleges and universities attended and the dates of attendance (semester and year, e.g., Fall 1996).
You must have an official transcript from each institution forwarded to USAREC prior to application deadline.

6. COLLEGE OR UNIVERSITY AND LOCATION	7. DATES OF ATTENDANCE	8. TOTAL NUMBER OF CREDITS	9. DEGREE GRANTED

SECTION II - List all course work currently in progress.

10. COLLEGE OR UNIVERSITY AND LOCATION	11. COURSE IN PROGRESS	12. ANTICIPATED DATE OF COMPLETION

SECTION III - List all courses attempted, including those failed, under the appropriate heading.
List the semester hours of each course.

Quarter hours should be converted to semester hours according to the following scale:

Quarter Hours	Semester Hours	Quarter Hours	Semester Hours
1	.7	6	4.0
2	1.3	7	4.7
3	2.0	8	5.3
4	2.7	9	6.0
5	3.3		

Technical courses such as typing, welding, and courses taken for certification (Emergency Medical Technician or Licensed Practical Nursing) are not accepted. Do not list these courses. List additional courses in the Remarks section if more space is required.

Part A - English and Literature

13. COURSE TITLE	14. SEM HRS	15. GRADE	16. COLLEGE	17. DATE COMPLETED (Semester and Year)	18. USAREC USE ONLY

19. SUBJECT GPA:

Part B - Biological Sciences

(Anatomy and Physiology, Biology, Microbiology, Genetics, Immunology, etc.)

20. COURSE TITLE	21. SEM HRS	22. GRADE	23. COLLEGE	24. DATE COMPLETED (Semester and Year)	25. USAREC USE ONLY

26. SUBJECT GPA:

Part C - Chemistry

27. COURSE TITLE	28. SEM HRS	29. GRADE	30. COLLEGE	31. DATE COMPLETED (Semester and Year)	32. USAREC USE ONLY

33. SUBJECT GPA:

Part D - Other Science Courses
(Physics, Botany, Nutrition, Geology, Geography, Astronomy, etc.)

34. COURSE TITLE	35. SEM HRS	36. GRADE	37. COLLEGE	38. DATE COMPLETED (Semester and Year)	39. USAREC USE ONLY

40. SUBJECT GPA:

Part E - Mathematics

41. COURSE TITLE	42. SEM HRS	43. GRADE	44. COLLEGE	45. DATE COMPLETED (Semester and Year)	46. USAREC USE ONLY

47. SUBJECT GPA:

Part F - Psychology

48. COURSE TITLE	49. SEM HRS	50. GRADE	51. COLLEGE	52. DATE COMPLETED (Semester and Year)	53. USAREC USE ONLY

54. SUBJECT GPA:

Part G - Humanities and Social Sciences*(Government, Art, Education, Philosophy, History, Languages, Anthropology, Civilization, Music, Speech, Ethics, etc.)*

55. COURSE TITLE	56. SEM HRS	57. GRADE	58. COLLEGE	59. DATE COMPLETED (Semester and Year)	60. USAREC USE ONLY

61. SUBJECT GPA:

Part H - Other Courses*(Business, Economics, Law, Computer Sciences, etc.)*

62. COURSE TITLE	63. SEM HRS	64. GRADE	65. COLLEGE	66. DATE COMPLETED (Semester and Year)	67. USAREC USE ONLY

68. SUBJECT GPA:

[illegible]

76. REMARKS:

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C

Tab 5

NCOER's, DA 1059's,
Awards, DD 214/NGB 22

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C

Tab 6

ERB, DA Photo, CV and APFT Card

Army Physical Fitness Test Scorecard

For use of this form, see FM 21-20; the proponent agency is TRADOC

NAME (LAST, FIRST MIDDLE)

SSN

GENDER

UNIT

TEST ONE				TEST TWO				TEST THREE				TEST FOUR					
DATE	GRADE	AGE		DATE	GRADE	AGE		DATE	GRADE	AGE		DATE	GRADE	AGE			
HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION	
	WEIGHT: <input type="checkbox"/> lbs <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	FAT: <input type="checkbox"/> % <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		WEIGHT: <input type="checkbox"/> lbs <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	FAT: <input type="checkbox"/> % <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		WEIGHT: <input type="checkbox"/> lbs <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	FAT: <input type="checkbox"/> % <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		WEIGHT: <input type="checkbox"/> lbs <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	FAT: <input type="checkbox"/> % <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		WEIGHT: <input type="checkbox"/> lbs <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	FAT: <input type="checkbox"/> % <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		WEIGHT: <input type="checkbox"/> lbs <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	FAT: <input type="checkbox"/> % <input type="checkbox"/> NO-GO <input type="checkbox"/> GO
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS
ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS	
	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO		TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO	TIME <input type="checkbox"/> GO <input type="checkbox"/> NO-GO <input type="checkbox"/> GO
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE		
COMMENTS			COMMENTS			COMMENTS			COMMENTS			COMMENTS			COMMENTS		

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSHUPS

SU - SIT UPS

2MR - 2 MILE RUN

APFT - ARMY PHYSICAL FITNESS TEST

Data Required by the Privacy Act of 1974

Title DA form 705
Authority 5 USC Section 301
Disclosure of requested information is mandatory.

Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.

DA FORM 705, JUNE 1999

DA FORM 705, JUN 1998, MAY BE USED

USAPA V1.00

BODY FAT CONTENT WORKSHEET (Male)

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME (Last, First, Middle Initial)		SSN		RANK		NOTE: ¼" =.25 ½" =.50 ¾" =.75
HEIGHT (to nearest 0.50 inch)		WEIGHT (to nearest pound)		AGE		
STEP		FIRST	SECOND	THIRD	AVERAGE (to nearest 0.50 in.)	
1. Measure abdomen at the level of the navel (belly button.) Round down to the nearest 0.50 inch. (Repeat 3 times.)						
2. Measure neck just below level of larynx (Adam's apple.) Round up to the nearest 0.50 inch. (Repeat 3 times.)						
3. Enter the average abdominal circumference.						
4. Enter the average neck circumference.						
5. Enter circumference value (step 3 - step 4).						
6. Find the height in Table 3-1 (Height Factor). Enter height in inches.						
7. Find the Soldier's circumference value (step 5) and height (step 6) in figure B-5 (Percent Fat Estimation for Men). Enter the percent body fat value that intercepts with the circumference value and height. This is Soldier's Percent Body Fat.						

REMARKS

CHECK ONE					
_____ Individual is in compliance with Army Standards;		_____ is not in compliance with the standards.			
_____ Recommended monthly weight loss is 3-8 lbs.					
PREPARED BY (Signature)	RANK	DATE (YYYYMMDD)	APPROVED BY SUPERVISOR (Printed Name and Signature)	RANK	DATE (YYYYMMDD)

M

TAB

TAB

TAB

TAB

BODY FAT CONTENT WORKSHEET (Female)

For use of this form, see AR 600-9; the proponent agency is DCS, G-1.

NAME (Last, First, Middle Initial)		SSN	RANK	NOTE: ¼" = .25 ½" = .50 ¾" = .75	
HEIGHT (to nearest 0.50 inch)		WEIGHT (to nearest pound)	AGE		
STEP	FIRST	SECOND	THIRD		AVERAGE (to nearest 0.50 in.)
1. Measure neck just below level of larynx (<i>Adam's apple</i>) up to nearest 0.50 inch. Repeat three times, then average.					
2. Measure waist (<i>abdomen</i>) at the point of minimal abdominal circumference. Round down to nearest .50 inch. Repeat three times, then average.					
3. Measure hips at point where the gluteus muscles (<i>buttocks</i>) protrude backward the most. Round down to nearest 0.50 inch. Repeat three times, then average.					
4. CALCULATIONS			REMARKS		
A. Enter average waist circumference					
B. Enter average hip circumference					
C. TOTAL (4A + 4B)					
D. Enter average neck circumference					
E. Enter circumference value (4C - 4D)					
F. Find the height in Table 3-1 (<i>Height Factor</i>). Enter height in inches.					
G. Find the Soldier's circumference value (<i>line 4E</i>) and height (<i>line 4F</i>) in Figure B-6 (Percent Fat Estimation for Women). Enter the body fat value that intercepts with the circumference value and height. This is the Soldier's Percent Body Fat.					

CHECK ONE

☐ Individual is in compliance with Army standards; ☐ is not in compliance with the standards.
☐ Recommended monthly weight loss is 3-8 lbs.

PREPARED BY (Signature)

RANK

DATE (YYYYMMDD)

APPROVED BY SUPERVISOR
(Printed Name and Signature)

RANK

DATE (YYYYMMDD)

DA FORM 5501, AUG 2006

Previous Editions are Obsolete.

APD v1.00

RCHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C

Tab 7

DA 4187, DD 368 (USAR and ARNG)

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

3. FROM (Include ZIP Code)

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____

effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> AECP

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1) Current Height _____ and Weight _____ is within standard IAW AR 600-9. Also list Body Fat % if applicable and attach Body Fat Content Worksheet as well.

2) APFT taken (date) PASS/FAIL

3) Previous participation in any commissioning program(s) i.e. OCS/ROTC/IPAP, etc Yes or No. If yes state circumstances regarding non completion.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

REQUEST FOR CONDITIONAL RELEASE*(Read Privacy Act Statement and Instructions on back before completing this form.)***SECTION I - REQUEST FOR RELEASE****1. SERVICE MEMBER DATA**

a. NAME (Last, First, Middle Initial)	b. PAY GRADE	c. SSN	d. SERVICE COMPONENT	
e. CURRENT UNIT/ COMMAND	f. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

2. RECRUITING OFFICE ADDRESS

a. STREET	b. CITY	c. STATE	d. ZIP CODE
-----------	---------	----------	-------------

3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ (losing component); request that it be accepted contingent upon actual appointment or enlistment in the _____ (gaining component), and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED
---------------------	----------------

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ (Service/Component).

b. NAME OF RECRUITER (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED
e. TITLE		

SECTION II - APPROVAL/DISAPPROVAL**5. (X as applicable)**

a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____
b. DISAPPROVED. Release is not granted. (Explain in "Remarks.")

6. AUTHORIZING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. TITLE			
c. TELEPHONE NUMBER (Include area code)	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
e. SIGNATURE See OCAR Memorandum dated: 24 July 2008 Subject: Army Reserve Conditional Release Policy				f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. TITLE		c. UNIT/COMMAND	
d. TELEPHONE NUMBER (Include area code)	e. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
f. SIGNATURE				g. DATE SIGNED

SECTION IV - REMARKS**PRIVACY ACT STATEMENT****AUTHORITY:**

Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

PRINCIPAL PURPOSE(S): To obtain clearance from one component and discharge upon entry into another component of the Military Services.

ROUTINE USE(S):

None.

DISCLOSURE:

Voluntary; however, failure to furnish information will result in delay or denial of release from current component.

INSTRUCTIONS**GENERAL INSTRUCTIONS.**

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason:")



DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF, ARMY RESERVE

DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF, ARMY RESERVE
2400 ARMY PENTAGON
WASHINGTON, DC 20310-2400



DAAR-HR

24 JULY 2008

MEMORANDUM FOR

Commanders, USAR Major Subordinate Commands
Commander, 9th Regional Readiness Command, 1557 Pass Street, Fort Shafter
Flats, HI 96819-2135
Commander, 7th ARCOM, Unit 29238, APO AE 09102

SUBJECT: Army Reserve Conditional Release Policy

1. References:

- a. Memorandum, HQ USARC, AFRC-PRP-E, 20 Jul 04, subject: Revised Conditional Release Policy (DD Form 368).
- b. Memorandum, OCAR, DAAR-HR, 1 Nov 06, subject: Renewal of the Army Reserve Conditional Release Policy (DD Form 368).
- c. USARC OPORD 07-118, 181200ZJUL07, Addendum To The Conditional Release Policy (DD Form 368).
- d. Memorandum, HQDA, DAPE-MPE, 31 Aug 06, subject: Enlistment of Mobilized United States Army Reserve (USAR) or Army National Guard of the United States (ARGNUS) Soldiers into the Regular Army (Change 1) (enclosure 1).
- e. Memorandum, HQDA, DAPE-MPE, undated, subject: Exception to Policy -- Conditional Release Approval Authority for Army Reserve (AR) Troop Program Unit (TPU) Soldiers (enclosure 2).

2. Based on the current strength posture of the Army Reserve, effective immediately, references 1a, 1b, and 1c are rescinded. We can no longer sustain the previous liberal conditional release policy; therefore, conditional release approval authority is restricted to the commands/agencies listed in paragraphs 3b(1) through 3b(5) and will not be further delegated without my written approval.

3. The procedures for processing Requests for Conditional Release (DD Form 368) to join the Active Army (AA), Army National Guard (ARNG), or other components of the armed forces as an enlisted Soldier or officer, are as follows:

DAAR-HR

SUBJECT: Army Reserve Conditional Release Policy

a. The request for conditional release will include a DD Form 368 and documentation substantiating that the reason is in the best interest of the Army Reserve. Unit commanders will endorse and provide their recommendation on the DD Form 368 and submit it through command channels to their respective USAR MSC for appropriate action.

b. Approval/Disapproval Authority:

(1) Soldiers with less than 24 months in the Selected Reserve: Approval authority rests with HQ, USARC. Disapproval authority rests with the Major Subordinate Command (MSC) commander and may be delegated to the first general officer in the Soldier's chain of command. Only submit those requests for which the MSC recommends approval to the USARC DCS, G-1, ARRC-PRP-E for enlisted, or ARRC-PRP-O for officers, for final determination.

(2) Soldiers with more than 24 months in the Selected Reserve: Approval/Disapproval authority rests with the MSC who may delegate it to the first general officer in the Soldier's chain of command.

(3) Simultaneous Membership Program Cadets and officers who have not completed the Basic Officer Leadership Course, and Soldiers in Initial Entry Training (IET) status: Approval authority rests with HQ, USARC. Disapproval authority rests with the MSC and may be delegated to the first general officer in the Soldier's chain of command. Requests for approval will be forwarded through the appropriate Trainees, Transients, Holders, and Students Account Manager, if applicable, to this Headquarters (ARRC-PRT-T) for final determination.

(4) Soldiers assigned to units in the Ready and Available Years of the ARFORGEN cycle are prohibited from voluntary enlistment or appointment in the AA, ARNG, or other military service. Exceptions to this provision may be granted by the approval authorities in paragraphs 3b(1) through 3b(3) above; however, only exceptionally meritorious cases should warrant recommendation.

(5) Requests for transfer of Chaplains and AMEDD officers will be sent through command channels to this Headquarters (ARRC-PRP-O) for submission to HRC-STL; the Chief of Chaplains (AHRC-CH) and the Surgeon General (AHRC-SGA) respectively.

DAAR-HR

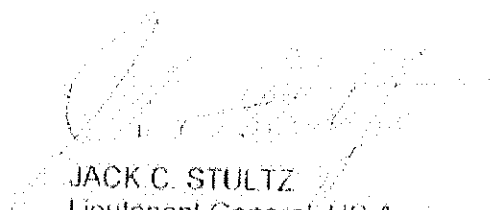
SUBJECT: Army Reserve Conditional Release Policy

4. In accordance with this new policy, you are encouraged to evaluate each request to ensure any favorable consideration is justified, and that your command's strength posture and unit readiness are not degraded.

5. I continue to support the HQDA policy and procedures for Army Reserve Soldiers mobilized UP of Title 10 US Code, Sections 12302 and 12304, and its inclusion of those serving on active duty for operational support UP Section 12301d, who desire to enlist in the AA, reference 1d.

6. For additional information, contact Mr. Tony Cavalier, HQ, USARC, Deputy Chief of Staff, G-1 Enlisted Personnel Management Branch, at (404) 464-8928 or tony.cavalier@usar.army.mil, or MSG Patricia Dixon, Officer Personnel Management Branch, at (404) 464-8889 or patricia.dixon@usar.army.mil, or MAJ Claudia Velez-Rosado, Training Branch, at (404) 464-9299 or velezrosado@usar.army.mil.

2 Encls



JACK C. STULTZ
Lieutenant General, US Army
Chief, Army Reserve

RGHS-AN (AECF)

SUBJECT: ARMY Medical Department (AMEDD) Enlisted Commissioning Program (AECF) FY 11 Information and Application Guidelines

Appendix C

Tab 8

Security Clearance verification, MILPO eligibility statement, Copy
of last PCS orders

(Unit Letterhead Stationary)

XXXX-XX

DDMMMYYYY

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCHS-AN (AECF), 1307 Third Avenue, FT Knox, KY 40121-2726

SUBJECT: Verification of (Rank, Full Name, SSN's) Eligibility for the AMEDD Enlisted Commissioning Program (AECF)

1. A local records check has been made and the applicant is administratively qualified for appointment as an Army Nurse Corps officer in accordance with AR 135-100 and/or has prepared the necessary request(s) for waiver(s).
2. The applicant does not have any pending UCMJ action, bar to reenlistment, and is not flagged.
3. There is evidence of a SECRET level security clearance based on a National Agency Check, which includes the date the clearance was granted or initiated.
4. The applicant is not currently on assignment or pending reassignment.
5. This action is not in contravention of AR 600-8-2.
6. POC is _____ at DSN XXX-XXXX, commercial xxx-xxx-xxxx, or email: xxx.xxxx@us.army.mil.

GI JOE
CPT, FA
Commanding